

## DIRECT DEPOSIT AUTHORIZATION

Employee's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

I hereby authorize the City of Berwyn to deposit my net check into the accounts at the financial institution indicated below to authorize the City of Berwyn to initiate an adjusting, if necessary, to correct an overpayment.

This authorization will remain in full effect until City of Berwyn has received written notification from me of its termination in such and manner as to afford City of Berwyn or the financial institution a reasonable opportunity to act on it, or until City of Berwyn or the financial institution has sent me ten days written notice of City of Berwyn's or the financial institution's termination of this arrangement.

Signature:	Date:
Signature of Account Co-Owner (if any):	Date:

Name of Financial Institution:
Address of Financial Institution including City, State and Zip Code
Telephone Number of Financial Institution:

**Attach copies of voided check(s) or deposit slip for each account – You can specify up to three (3) different accounts – they can be different financial institutions also.**

Checking or Savings	Transit Number (9 digits located on the bottom left hand corner of your check)	Account Number	Dollar Amount or Percentage